

Laboratory Test: Male Urethral Gram Stain

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- Urethral or Vaginal discharge
- Dysuria
- Intrameatal itching
- Asymptomatic but reports sexual exposure via oral, vaginal, penile or anal intercourse
- New or multiple sex partners
- Lack of condom use
- Anonymous sex
- Reports contact to: Chlamydia (CT), Gonorrhea (GC), Non-Gonococcal Urethritis (NGU), Pelvic Inflammatory Disease (PID), Mucopurulent Cervicitis (MPC), or Trichomonas vaginalis (TV)

*Subjective findings alone do not satisfy the N.C. Board of Nursing requirement for collecting or ordering a Gram stain by an STD enhanced role registered nurse (STD ERRN).

Objective Findings

One of the following clinical symptoms must be present before a STD ERRN can collect a Gram stain by standing order:

1. urethral discharge present in the urethral meatus
2. urethral discharge appears in the urethral meatus, after the client milks his penis
3. client complains of dysuria or intrameatal itching at time of clinical visit.
4. contact to a verified GC, CT, MPC or PID case and client had urethral exposure
5. no urethral discharge is present on examination, but urethral exposure within last 60 days and NAAT is **NOT** available. If NAAT is available, only do Urine NAAT.

Note: It is recommended to obtain urine Nucleic Acid Amplification Test (NAAT) in addition to Gram stain. If NAAT not available, obtain GC culture in addition to Gram stain. However, if a Gram stain is all that is available, treat and report the client based on the Gram stain results alone.

Plan of Care

Implementation

A registered nurse or STD ERRN employed or contracted by the local health department may order a Gram stain on a urethral specimen collected by the STD ERRN or other medical provider.

Nursing Actions

A. Specimen Collection by STD ERRN:

To collect the specimen for Gram stain:

1. wait at least **one hour** after client's last voiding to collect specimen
2. place the client's name and clinic visit date on the frosted end of the slide
3. use a sterile calgiswab to collect a sample of the discharge
4. insert the tip of the swab 1-2 cm into the meatal opening and gently rotate for 3-5 seconds
5. if exudate is present at the meatal opening, use a Dacron® or rayon sterile swab with a plastic or wire shaft, (do not use cotton tips or wood shafts as these maybe toxic or inhibitory to GC)
6. roll the swab along the glass slide
7. roll the swab gently to avoid disturbing cellular morphology
8. smear the urethral discharge thin to increase visibility of cells
9. place the specimen in an OSHA approved container to transport to the lab

Note: If NAAT is available, collect Gram stain before client collects urine specimen for NAAT. If NAAT is not available, the same urethral swab may be used to prepare the Gram stain slide and gonorrhea culture plate. It is not necessary to collect individual swabs for each test.

B. Interpretation of Lab Findings

1. Positive Findings

- a. Confirmed Gonorrhea – Observation of Gram-negative intracellular diplococci (GNID) or purple diplococci in a urethral smear
- b. Confirmed NGU - Gram stain of urethral discharge demonstrating ≥ 2 WBC per oil immersion field without the presence of GNID or purple diplococci, or
- c. NGU (confirmed) by exclusion - Visible urethral discharge on the date of examination, with Gram stain findings of less than two (2) WBCs and no GNID or purple diplococci observed and negative GC culture or negative Chlamydia/GC NAAT test results.

2. Negative Findings

Less than two (2) WBCs found and no GNID or purple diplococci found on a Gram stain.

Note: However, a medical provider may diagnose the client on symptoms alone or the STD ERRN may treat based on standing orders when GC and/or CT have been ruled out, the Gram stain was negative and the client was symptomatic on the day specimens were collected.

Criteria for Notifying the Medical Provider

- Contact the medical director or medical provider, if there is any question about whether to carry out any provision of the standing order.
- Consult the medical director or medical provider if:
 - 1. blood is present in discharge
 - 2. lab result does not match objective clinical criteria for treatment and client is complaining of dysuria, intrameatal itching, and/or discharge
- Client's sexual risk history indicates high-risk behaviors for disease exposure and does not meet the objective clinical criteria for treatment per standing order.

Follow Up

- Immediate treatment should occur with any positive findings on the Gram stain.
- Document all attempts of follow-up on clients who meet case definition, who were not treated during the clinic visit, in accordance with local policy and state guidelines.
- Gonorrhea or NGU is reportable in NC EDSS within 30 days of diagnosis.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)